



REQUEST FOR DATA

The purpose of this form is to request employee information from Human Resources for specific reasons. Please allow at least 24 hours for Human Resources processing Reason for request: Requested by:							
				Date no	eeded by:		
				Please o	heck all that apply:		
TYPE:	\Box In-house mailing \underline{OR} \Box	Mailing to home address					
DATA:	Faculty Staff Both Faculty & Staff Full-time employees Part-time employees Both Full-time & Part-time Rindge Centers						
-	□ Single Department/Location (Specify Here: □ Campus Mail (as used by in-house Processing Center) □ Department Name □ University e-mail address □ Home mailing address						
Please email this completed form to HRDept@franklinpierce.edu.							
	AN RESOURCES USE ONLY						
Date received in HR:		Date processed:					
HR approval:		Date sent to requester:					